


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 029 ****61.25

DOCUMENT # N95000004346					
1. Entity Name FIRST FREE WILL BAPTIST CHURCH OF PENSACOLA, INC.					
Principal Place of Business % S.A.A. 412 WIGGINS AVE PENSACOLA, FL 32505			Mailing Address % S.A.A. 412 WIGGINS AVE PENSACOLA, FL 32505		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07062008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3380995	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PINSON, JOHN 7002 BELGIUM CIRCLE PENSACOLA, FL 32526			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINSON, JOHN	NAME			
STREET ADDRESS	7002 BELGIUM CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINSON, LINDA L	NAME			
STREET ADDRESS	7002 BELGIUM CIR.	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIGBY, PATRICIA	NAME			
STREET ADDRESS	5814 DALLAS AV.	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLEMENTS, RYAN	NAME	Hutchinson, Ed.		
STREET ADDRESS	3015 BOULDER AV	STREET ADDRESS	238 St Codd Av		
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	Pensacola FL 32503		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Pinson</i> John Pinson		Date: 7-7-08		Daytime Phone #: 850 712 8656	

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